



OLD TOWN DINING, LLC

SO YOU WANT TO WORK AT OLD TOWN DINING?

We welcome the opportunity for you to apply with our company. In 1992 we opened Baily Wine Country Café which later became know as **Baily's**. In 2004 we relocated to our current facility in Old Town Temecula and at that time added the **Front Street Bar & Grill** restaurant. In, 2007 we opened the **Town Club**, a members only business lunch club and in 2008 we opened the nightclub **eleven after dark**. Our only goal is a lot of happy customers.

Our company is always seeking hard working and enthusiastic individuals that take pride in their attention to detail. If you already know how much fun the restaurant industry is to work in or would like to find out please apply. **Please don't apply if you are not passionate about customer service and working with others to make our guests totally satisfied.**

Old Town Dining offers the following benefits:

- FLEXIBLE WORK SCHEDULES
- COMPETITIVE PAY
- HEALTH INSURANCE BENEFITS FOR FULL TIME EMPLOYEES
- VACATION BENEFITS FOR FULL TIME EMPLOYEES
- EMPLOYEE DISCOUNTS
- BAILY WINERY DISCOUNTS

To apply:

- FILL OUT THE ATTACHED APPLICATION IN ITS ENTIRETY. ATTACH A RESUME IF APPROPRIATE IN ADDITION TO A FILLED OUT APPLICATION. WRITE LEGIBLY. UNREADABLE APPLICATIONS WILL BE DISCARDED.
- FILL OUT THE SCHEDULE AVAILABILITY FORM. THIS IS USED TO DETERMINE IF YOUR SCHEDULE WILL MEET THE COMPANY'S NEEDS.

FRONT STREET
bar & grill

Baily's
FINE DINING

T
Town Club

eleven
after dark



OLD TOWN DINING, LLC

APPLICATION FOR EMPLOYMENT

NAME: _____

DATE: _____

POSITION(S) APPLIED FOR: _____ FULL TIME PART TIME TEMPORARY

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE #1: _____ PHONE #2: _____

SSN: _____ DATE AVAILABLE TO START WORK: _____

	YES	NO
Are you able to meet the attendance requirements?	<input type="radio"/>	<input type="radio"/>
Do you have any objection to working overtime if necessary?	<input type="radio"/>	<input type="radio"/>
Can you travel if required by this position?	<input type="radio"/>	<input type="radio"/>
Have you ever been previously employed by our organization?	<input type="radio"/>	<input type="radio"/>
Can you submit proof of legal employment authorization and identity?	<input type="radio"/>	<input type="radio"/>
If you are under 18, can you furnish a work permit if it is required?	<input type="radio"/>	<input type="radio"/>
Have you ever been convicted of a felony within the last 7 years?	<input type="radio"/>	<input type="radio"/>

If yes, please explain (a conviction will not automatically bar employment):

Drivers license number (if driving is an essential job duty):

How were you referred to us?

EMPLOYMENT HISTORY

EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR & TITLE: _____

DATES EMPLOYED: FROM _____ To _____ SALARY: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

EMPLOYER: _____ POSITION HELD: _____

ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR & TITLE: _____

DATES EMPLOYED: FROM _____ To _____ SALARY: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

EMPLOYEMENT HISTORY (CONTINUED)

EMPLOYER:	POSITION HELD:
ADDRESS:	TELEPHONE #:
IMMEDIATE SUPERVISOR & TITLE:	
DATES EMPLOYED: FROM	To SALARY:
JOB SUMMARY:	
REASON FOR LEAVING:	

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

EDUCATIONAL HISTORY

List school name and location, years completed, course of study, and any degrees earned:

HIGH SCHOOL: _____

COLLEGE: _____

TECHNICAL TRAINING: _____

OTHER: _____

REFERENCES

List 3 references names, telephone numbers, and years known (do not include relatives or employers):

NAME:	PHONE:	YEARS:
NAME:	PHONE:	YEARS:
NAME:	PHONE:	YEARS:

CONDITIONS OF EMPLOYMENT

I understand that as a condition of employment I may be required to undergo pre-employment drug testing (including blood, urine, breath and other laboratory tests for drugs or alcohol) concerning my ability to perform any job, for which I may be involved, safely or efficiently. If I am required to undergo any examinations or tests, I understand that to the extent such is permissible under the Health Insurance Portability and Accountability Act of 1996 (commonly referred to as HIPAA) as well as any other applicable State or Federal law, I will be required to authorize all such health care providers who examine or test me to disclose to the company to which I am now applying for employment or promotion, all medical information reasonably necessary to allow them to determine if I can safely and reasonably perform the job duties and responsibilities involved. I further understand that if I refuse to consent to such examinations or tests, or to authorize the release of the medical information resulting there from, in compliance with this provision, I may be subject to disciplinary action, up to and including refusal to be hired and/or termination of my employment if actually hired.

I understand this employment application is not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without cause, at the option of either myself or the company to which I am now applying for either employment and/or promotion, and that no promises or representations contrary to the foregoing are binding on the company. My continued employment is dependent on satisfactory performance and the continued need for my services as determined solely by the company.

I understand that proof of identity and right to work in the United States will be required within the first three days of employment with the company for which I am now applying. This information, I understand, is required for continued employment.

I hereby acknowledge and agree that upon cessation of my employment, my final paycheck will immediately be provided to me by mail to my last known mailing address.

By checking this box, I hereby acknowledge and agree that I am waiving the right to receive a copy of any public record obtained while doing any type of background check on myself.

I acknowledge that I have read all of the above statements and that I understand them.

Applicant signature: _____

Date: _____

